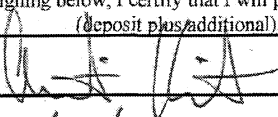


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AO 435 (Rev. 10/23)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Austin H. Krist		2. PHONE NUMBER (737) 900-7107		3. DATE 2/24/2025	
4. DELIVERY ADDRESS OR EMAIL 303 Camp Craft Rd Suite 325		5. CITY Austin		6. STATE TX	7. ZIP CODE 78746
8. CASE NUMBER 5:20-ap-5027-rbk	9. JUDGE Ronald B. King	DATES OF PROCEEDINGS			
		10. FROM 1/30/2024		11. TO 1/30/2024	
12. CASE NAME KrisJenn Ranch LLC et al. v. DMA Properties et al.		LOCATION OF PROCEEDINGS			
		13. CITY San Antonio		14. STATE TX	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Hr'g re: Various Mots. 01/30/2024	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY Krystal Torres	
19. DATE 02/24/2025				PHONE NUMBER 210-472-6720	
TRANSCRIPT TO BE PREPARED BY Exceptional				COURT ADDRESS Us Bankruptcy Court 615 E. Houston St. Ste 597 San Antonio, TX 78205	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES 0.00		
TRANSCRIPT RECEIVED	2/25	KT	LESS DEPOSIT 0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE 0.00		